

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2602

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Samuel C D'Ambrosio

P.O. Box, Bldg., Room No., if any Room # 500

Street 1101 Connecticut Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20036-4304

4. Name, file number, and address of labor organization.

Name National Postal Mail Handler Union

Labor Organization File Number 000-505

P.O. Box, Building and Room Number, if any Room # 500

Street 1101 Connecticut Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20036-4304

5. Position in labor organization.

East Regional V.P., Nat'l Trainer,

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

202-833-9095

Telephone Number

Name of Person Filing Samuel D'Ambrosio

File Number U-2602

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the Union sponsored health plan.

11.b. Approximate dollar value of such dealing.

over 1
App. 2 Billion

12.a. Nature of interest held or income received.

Feb. 5-7, 2004, 2 dinner meetings. Amounts unknown. Estimated amount \$55.00 each.

12.b. Amount.

\$55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

SAMUEL C. D'AMBROSIO

File Number U-

2602

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Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the Union's health plan.

11.b. Approximate dollar value of such dealing.

over
App. 2 Billion \$
Downton

12.a. Nature of interest held or income received.

March 3-5, 2004. Hotel room, meals, and recreational activities for spouse and me, while in attendance at the company's annual partnership conference. Amount unknown. Estimated amount \$500.00 to \$1,000.00.

12.b. Amount.

\$750

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

SAMUEL C. D'AMBROSIO

File Number U-

2602

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City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First health administers Union's sponsored health plan.

11.b. Approximate dollar value of such dealing.

over
App 2 Billion Dollars

12.a. Nature of interest held or income received.

March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00.

12.b. Amount.

\$45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing SAMUEL C D'AMBROSIO	File Number U- 2602
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. First Health administers the union sponsored health plan. 11.b. Approximate dollar value of such dealing. <i>over</i> App. 2 Billion Dollars 12.a. Nature of interest held or income received. March 18-23, 2004. Attended 2-3 dinners, and 3 receptions with buffet dinners. Amounts unknown. Estimate total \$75.00 to \$100.00. 12.b. Amount \$90

Name of Person Filing SAMUEL C. D'AMBROSIO	File Number U- 2602
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Part B Continuation Page

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	11.a. Nature of such dealing. First Health administers the union sponsored health plan. 11.b. Approximate dollar value of such dealing. over App 2 Billion Dollars 12.a. Nature of interest held or income received. April 26 & 27, 2004. Attended 2 dinners. Amounts unknown. Estimated total \$50.00 to \$85.00. 12.b. Amount \$70

Name of Person Filing

SAMUEL C. D'AMBROSIO

File Number U-

2602

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the union sponsored health plan.

11.b. Approximate dollar value of such dealing.

Approved
2/3/04

12.a. Nature of interest held or income received.

April 14-17, 2004. Two dinners, 1 buffet. Amount unknown. Estimated total \$130.00.

12.b. Amount

\$50

Name of Person Filing

SAMUEL C. D'AMBROSIO

File Number U-

2602

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

11.a. Nature of such dealing.

First Health administer the union sponsored health plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

June 21-26, 2004. Self and spouse 3-5 dinners, not sure of exact number, and entertainment. Amounts unknown. Estimated amount \$450.00 to \$650.00.

12.b. Amount

\$550

Name of Person Filing

SAMUEL C. D'Ambrosio

File Number U-

2602

Part B Continuation Page

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P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

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State Illinois

ZIP Code + 4 60515

9. Business deals with:

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10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the union sponsored health plan.

11.b. Approximate dollar value of such dealing.

Approved
2 Billion

12.a. Nature of interest held or income received.

Dec. 5-11, 2004. Self and spouse, 2-3 dinners- not sure of exact number-attended 3 reception buffet dinners, entertainment. Amount unknown. Estimated total \$575.00

12.b. Amount

\$575

Name of Person Filing

SAMUEL C. D'AMBROSIO

File Number U-

2602

Part B Continuation Page

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Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the union sponsored health plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Nov. 3, 2004. Dinner self & spouse. Amount unknown. Estimate \$50.00-75.00.

12.b. Amount

\$60

Name of Person Filing

SAMUEL C. D'AMBROSIO

File Number U-

2602

Part B Continuation Page

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City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the union sponsored health plan.

11.b. Approximate dollar value of such dealing.

App over 2 Billion

12.a. Nature of interest held or income received.

Dollars

Oct. 22, 2004. Dinner self and spouse. Amount unknown. Estimate \$50.00-75.00.

12.b. Amount

\$60

Name of Person Filing

SAMUEL C. D'Ambrosio

File Number U-

2602

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name First Health

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the union sponsored health plan.

11.b. Approximate dollar value of such dealing.

App. over
2 Billion
Dollars

12.a. Nature of interest held or income received.

Oct. 6-9, 2004. Attended health plan seminar. Four receptions with buffet dinners, recreational activities. Amounts unknown. Estimation \$200.00.

12.b. Amount

\$200

Name of Person Filing

SAMUEL C D'Ambrosio

File Number U-

2602

Part B Continuation Page

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State Illinois

ZIP Code + 4 60515

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

First Health administers the union sponsored health plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Aug. 17-30, 2004. Self and spouse 2-3 dinners, 5 receptions with buffet dinners. Amount unknown. Estimated \$400.00 to \$525.00.

12.b. Amount

\$475

Name of Person Filing

SAMUEL C D'AMICO

File Number U-

2602

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Bredhoff & Kaiser

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 805 Fifteenth Street, NW

City Washington

State District of Columbia ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

General counsel to National Postal Mail Handlers Union.

11.b. Approximate dollar value of such dealing.

APP 2 million

12.a. Nature of interest held or income received.

July, 2004. Hospitalized. Received "get well" plant. Amount unknown. Estimate \$100.00.

12.b. Amount

\$100

Name of Person Filing

SAMUEL C D'Ambrosio

File Number U-

2602

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Bredhoff & Kaiser

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 805 Fifteenth Street, NW

City Washington

State District of Columbia ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

General counsel to National Postal Mail Handlers Union.

11.b. Approximate dollar value of such dealing.

App. 2 million +

12.a. Nature of interest held or income received.

Sep., 2004. Bereavement floral arrangement for mother-in-law. Amount unknown. Estimate \$80.00.

12.b. Amount.

\$80

Name of Person Filing

SAMUEL C D'AMBROSIO

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Bredhoff & Kaiser

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 805 Fifteenth Street, NW

City Washington

State District of Columbia ZIP Code + 4 20005

9. Business deals with:

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

General counsel to National Postal Mail Handlers Union.

11.b. Approximate dollar value of such dealing.

App
2 million +

12.a. Nature of interest held or income received.

Dec. 10, 2004. Self & spouse dinner. Amount unknown. Estimate \$100.00.

12.b. Amount

\$100